

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-4073  
www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest Information received  
by a department or accepted by the  
Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS-Cherokee Mental Health Institute  
Name of Department or Office  
1251 West Cedar Loop Cherokee IA 51022  
Mailing Address  
712225 2594  
City, State, Zip Code  
Area Code & Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Katelyn Matheny  
Name  
Mailing Address (if different from above)  
Email Address  
City, State, Zip (if different from above)  
Area Code & Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

Carla Steele  
Name  
5155 Old 21 Cherokee, Ia 51022  
Mailing Address  
712-225-8668  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

3-4-19 \$ 50.00  
Date of Gift or Bequest Amount/Value  
\*value is defined as "fair market value" of item as determined by  
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

2 sweatshirts  
novelty shirt  
Brand new pair of jeans

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, \_\_\_\_\_ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date